



**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a utility patent is sought on the invention entitled:

**SLURP-1 COMPOSITIONS AND METHODS OF USE THEREOF**

the specification of which was filed on April 16, 2004 as U.S.S.N. 10/826,788, and bearing Attorney Docket No. 20349-564.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<b>Application Number</b>	<b>Filing Date (dd/mm/yy )</b>	<b>Status</b>
60/463,418	16 April 2003	Abandoned

I hereby appoint the attorneys and/or agents associated with Mintz Levin Cohn Ferris Glovsky & Popeo, Customer Number **30623** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Ivor Elrifi at telephone number 617/348-1747.  
Address all correspondence to Customer No. 30623:

Ivor Elrifi, Esq.  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
One Financial Center  
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

**Inventor's Signature: Fabrice Chimienti**

\_\_\_\_\_  
Date

Full Name of Inventor: Fabrice Chimienti

Citizenship: France

Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland

Post Office Address: Same

  
\_\_\_\_\_  
**Inventor's Signature: Ronald Hogg**

\_\_\_\_\_  
Date

Full Name of Inventor: Ronald Hogg

Citizenship: United Kingdom

Residence: Dept. de Physiologie, CMU, 1 rue Michel-Servet, CH-1211 Genève 4, Switzerland

Post Office Address: Same

**Inventor's Signature: Marcel Huber**

\_\_\_\_\_  
Date

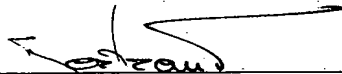
Full Name of Inventor: Marcel Huber

Citizenship: Switzerland

Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland

Post Office Address: Same

Attorney Docket No.: 20349-564  
Filed: April 16, 2004



**Inventor's Signature: Daniel Bertrand**

Full Name of Inventor: Daniel Bertrand

Citizenship: Switzerland

Residence: Dept. de Physiologie, CMU, 1 rue Michel-Servet, CH-1211 Genève 4, Switzerland.

Post Office Address: Same

23 / 08 / 04  
Date

**Inventor's Signature: Daniel Hohl**

Full Name of Inventor: Daniel Hohl

Citizenship: Switzerland

Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland

Post Office Address: Same

Date

TRA 1908546v1

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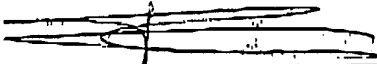
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Inventor's Signature: Fabrice Chimienti  
Full Name of Inventor: Fabrice Chimienti  
Citizenship: France  
Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland  
Post Office Address: Same

11.8.04  
Date

  
Inventor's Signature: Ronald Hogg  
Full Name of Inventor: Ronald Hogg  
Citizenship: United Kingdom  
Residence: Dept. de Physiologie, CMU, 1 rue Michel-Servet, CH-1211 Genève 4, Switzerland  
Post Office Address: Same

                      
Date

  
Inventor's Signature: Marcel Huber  
Full Name of Inventor: Marcel Huber  
Citizenship: Switzerland  
Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland  
Post Office Address: Same

9-8-2004  
Date

Attorney Docket No.: 20349-564  
Filed: April 16, 2004

Inventor's Signature: Daniel Bertrand

Date

Full Name of Inventor: Daniel Bertrand

Citizenship: Switzerland

Residence: Dept. de Physiologie, CMU, 1 rue Michel-Servet, CH-1211 Genève 4, Switzerland

Post Office Address: Same



8.8.04

Date

Inventor's Signature: Daniel Hohl

Full Name of Inventor: Daniel Hohl

Citizenship: Switzerland

Residence: Unité de dermatologie, Hospices/CHUV, rue du Bugnon 46, 1011 Lausanne, Switzerland

Post Office Address: Same

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